

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-979)**

SERIAL NO.

FILING DATE

10/528387

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1										
2	1										
3	1										
4	2										
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TOTAL IND.											
TOTAL DEP.	20										
TOTAL CLAIMS	21										

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BEST AVAILABLE COPY

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS